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THE HEATED BOUGIE IN THE TREATMENT OF ACUTE GONORRHEA.

BY J. A. FULTON, M.D., Astona, Oregon.

REALIZING that heat is the antiseptic par excellence I have for years endeavored to learn how to use it—especially in the treatment of gonorrhea—and have proven conclusively to my own mind at least that heat when used intelligently and applied properly is a genito-urinary antiseptic, and a potent agency in the treatment of disease located in certain portions of the genito-urinary tract.

There are certain pathogenic bacteria which do not stand heat well, and the gonococcus is easily destroyed when exposed a short time to a rather low temperature. It is a fact agreed upon by bacteriologists, that the gonococcus is the most sensitive and easily destroyed of almost any of the disease producing bacteria. It is destroyed by a temperature above 114° F. Sunlight will destroy it, and it does not stand low temperatures well, and yet is a most elusive little bacterium to deal with.

The human urethra will stand a temperature of 120° F. for an hour without harm. Some swelling and soreness may follow, but there is no destruction of tissues. Furthermore, the heat penetrates the living tissues for a considerable depth. A bougie held at a temperature of 120° F. in the urethra will raise the temperature of the skin alongside from six to eight degrees. There is no other antiseptic that will penetrate the tissues without destroying their vitality.

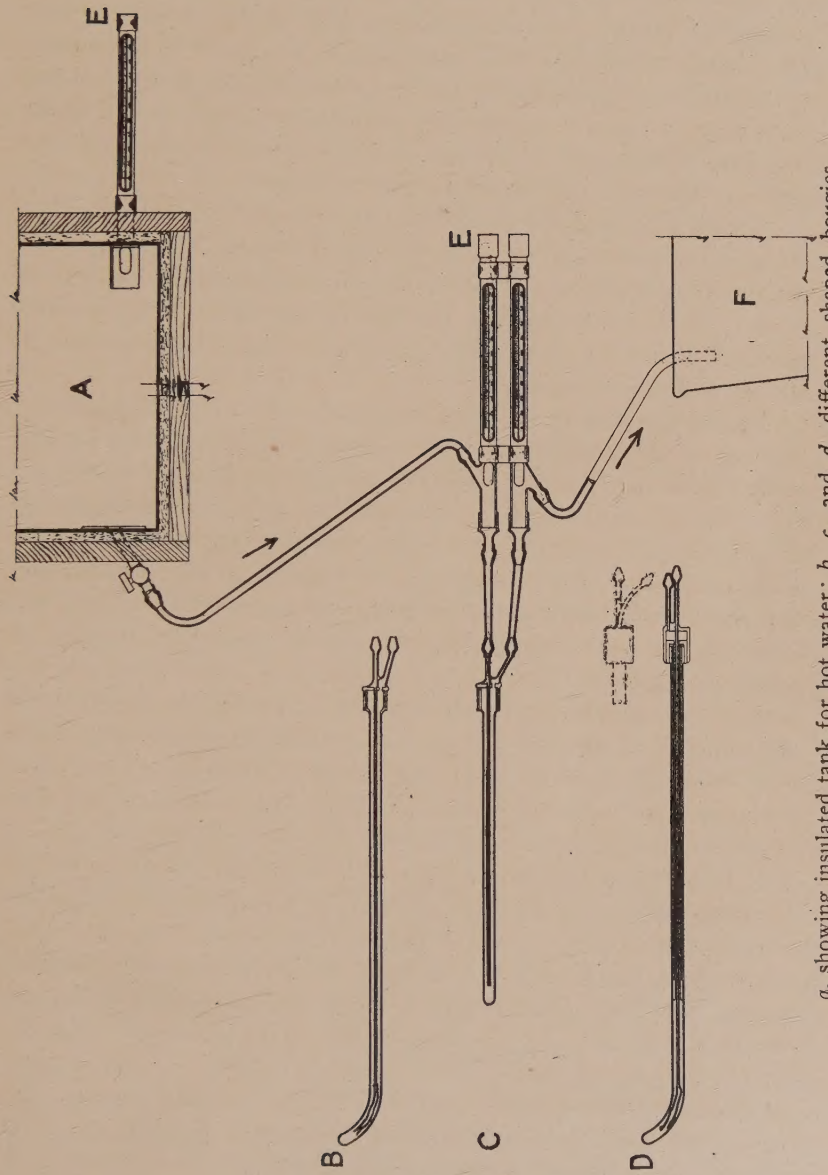
There has been much nonsense taught regarding the temperature that may safely be used in the treatment of disease. It is rare to find anyone who can stand a steady application of heat above 120° F. and I have not met one who could endure an application of 125° F. long enough to be of any benefit. In making

urethral applications I have found that 120° F. is about the limit, and have not used a temperature above this excepting in one case only. In this exception 123° F. was applied for thirty minutes. There was much pain at the time, and much swelling of the mucosa and of the entire penis for one week following. There was not any destruction of tissue and the case was entirely well in two weeks, and returned to me within two years with another case, with a request that it be burned out as done two years before.

After a thorough trial of the irrigation treatment so much in vogue a few years ago, I came to the conclusion that all the benefit derived from this method was from the prolonged application of heat. The reason the method failed is that the manner of applying the heat is faulty. With the irrigation method it is impossible to supply a definite temperature throughout the entire urethra for a prolonged application; the temperature is not steady or definite, and finally under this treatment seminal vesiculitis seems to develop more frequently than it does under other methods.

The all important thing to learn in the use of heat as an aid to the cure of disease is to realize that this agent must be used with intelligence, for a definite purpose, and in an exact manner. One would not use a solution of a powerful antiseptic without first knowing the exact strength of the solution. Likewise one must, in using heat with the intent to accomplish a certain result, use it in certain definite strength, and at a certain unvarying temperature. A temperature of 112° F. will not produce the same results one may obtain from the use of a temperature of 120° F. any more than a one per cent solution of carbolic acid will act the same as does a ten per cent solution.

In the first few days after an infection from the gonococcus, the disease is local and within reach of the physician. If the bacteria only lay upon the surface of the mucosa it should easily be destroyed by almost any of the ordinary antiseptics, in moderately strong solution. Unfortunately they immediately bury beneath the epithelial layer of the mucous membrane and are not reached by the antiseptic solution used. Here is where the intelligent use of heat as the antiseptic that will reach them and destroy them comes in. Since heat penetrates the living tissues, a bougie within the urethra, heated to a temperature of 120° F. and held there for from thirty to fifty minutes, will destroy the gonococci. If perchance any have escaped destruction the engorgement of the urethral membrane is such that they will not develop further and the disease is cured. There will be no latent gonococci.



a, showing insulated tank for hot water; *b*, *c*, and *d*, different shaped bougies used; *e*, thermometer; *f*, pail for out flow.

After one application of the heated bougie in acute cases, we have not so far been able to obtain a single growth after repeated attempts at culture. Perhaps under a more skillful technic a different result would have been obtained.

However, after observing this treatment for the past five years in above fifty cases, I believe that practically every case of acute gonorrhea in which it is possible to make a thorough application of heat at the right temperature, may be aborted.

After one prolonged application of heat the discharge rapidly becomes thin and watery. The gonococci rapidly disappear and within ten days are absent. The urethral catarrh caused by the disease and the heat disappears in about two weeks, but the time for this varies according to the individual's disposition to recover from catarrhal conditions.

One application of the heated bougie has been my usual course, following it with a mild astringent injection. I know of no reason why the heat may not be applied every day for four or five days, though I have not found it necessary. The length of time allowed for an application has been from thirty to fifty minutes, although there is no reason why it might not be longer. It may be that an exposure of thirty minutes will destroy one strain of the gonococci while it might require an hour's exposure to accomplish the same result with another strain.

For the application of the heat, I use a hollow bougie (18 French) in which the water is caused to circulate all the time. At the point of entrance of the heated water, is a thermometer, showing temperature as water passes into the bougie, and at the point of exit alongside of the point of entrance is another thermometer which shows temperature of water as it leaves the bougie. With this arrangement one may control the temperature of the bougie throughout its entire length. This is important. To heat the water I use a small tank heated by a small electric water heater. Woodard & Clark, of Portland, Oregon, make a small, compact electric water heater made on the principle of the hot water furnace, which it is claimed works well. I have not used it so far. Have tried the electrically heated bougie but it will not do the work and it was abandoned for the hot water circulating through a metal bougie, which is absolutely dependable.

The treatment has been tried in a few cases of chronic gonorrhea with some striking successes. It has not been expected that in the chronic mixed infection cases the treatment would accomplish

much. A temperature that will destroy the gonococci will not destroy the other bacteria met with in cases of mixed infection. I believe however that subjecting any of these bacteria to a prolonged exposure of 120° F. of heat, may weaken their vitality and perhaps check their growth. This may explain why some chronic cases have yielded so readily to treatment.

For the patient, at times the treatment is painful, though ordinarily he bears it very well. Occasionally one meets a supersensitive man who will not endure the treatment. Sometimes cocaine has enabled me to use the treatment, which otherwise would not have been borne. The great majority of cases make no trouble when the object of the application of heat is explained to them.

The treatment is simple and safe. It does not interfere with any other treatment that one may elect to follow, and the results I have obtained and the results of others who have tried it, are so encouraging as to lead me to write of it again.

Heat is a genito-urinary antiseptic wherever it may be used. It may be used within the bladder; it may be used in the rectum and urethra at the same time and through the combined use raise the temperature of the seminal vesicles; it may be used in the vagina in conjunction with applications over the abdomen and thus raise the temperature of the tubes and uterus. It does not require a high temperature to check the growth of the gonococci. Many a close observer has noted that a sharp attack of epididymitis often cures a gonorrhea. Almost every man with an attack of gonorrhea, who has an intercurrent attack of fever with a prolonged high temperature, is cured of his Neisserian infection.

I trust some member of the profession who has plenty of material and assistance may be interested enough in what I have written to take up the work and give it a thorough test.

Translated for the American Journal of Urology and Sexology.

A RAPID AND SUCCESSFUL TREATMENT OF SYPHILIS

By Dr. André Bernheim.

Physician to the Chaptal Supplementary Hospital.

IT is of the first importance, just at present, that every man affected with contagious syphilitic lesions should be returned to the army at the earliest possible moment. It is necessary not only to cure his lesions in the quickest fashion, but also to administer a line of treatment so intensive and so sterilizing as to delay indefinitely the return of symptoms and thus to pre-

vent, if possible, a subsequent hospitalization. For these reasons, therefore, we wish to report the technic which is now being followed at the Chaptal Supplementary Hospital in the service created and organized by Professor Saucher, physician-in-chief to the Villemin District Hospital and directed by Dr. Butte.

To be sure the several component parts of the treatment, taken individually, cannot claim the virtue of novelty. Nevertheless we should like to show how easily one can by intensive medication bring to bear in a single charge, so to speak, all the elements of anti-syphilitic warfare. Moreover this can be done in any hospital organization at the front with the exception of the relief posts where an experience of seven months in the infantry and in the Alpine chasseurs has shown that it is impossible to treat a syphilitic except with pills. Even this is difficult because of gastric or intestinal symptoms which may arise in men subjected to peculiar conditions of life, of hygiene, and of alimentation, differing from the normal or at least from the customary conditions of peace.

Our routine, then, is the following: On his arrival, the patient is examined carefully in order to discover any organic defect. He is weighed. The twenty-four hour urine is collected and analyzed. The dentist cleans and treats the gums and teeth. The patient receives a tooth brush and dental powder (mentholated or camphorated chalk) or better still a dental soap. He is taught how to brush his teeth morning and evening and after each meal. As a further prophylactic against the possibility of stomatitis or gingivitis the patient receives a daily painting of the gums with a 1:50 chromic acid solution. Finally, he is given six to eight potassium chlorate tablets to suck on during the day.

So much for the preliminaries. If the gums are in good shape, and the urine is free from albumen (indicating good renal permeability), the treatment may be begun twenty-four hours after the patient's admission to the hospital. Daily intramuscular injections are given according to the classic method. The patient may be either standing or reclining; after the treatment, some of the men prefer to lie down for a while whereas others get into Indian file and perform a few gymnastic evolutions. It is very well worth while to allow the individual patient a little freedom in this respect as well as regards the side and site of injection. In this way the personal idiosyncracies of each subject are provided for.

In order to obtain a rapid and lasting result the dose of

mercury should be as high as possible without inducing symptoms of intolerance which would necessitate the interruption of treatment. The salts selected are the benzoate of mercury, employed in a one per cent. solution, according to Prof. Gaucher's formula, and the biniodide of mercury. In these intensive cures of war time the sole factor which decides as to which salt should be used is that of pain. Sometimes one of these salts is painful whereas the other is completely painless in the same subject.

We have adopted a daily dose of three centigrams [½ grain]. This has given us the best returns; it is by no means excessive, gives positive results, and has enabled us in almost all cases to give an uninterrupted course of twenty injections. Doses of four or five centigrams which are also well tolerated may however, owing to a light stomatitis, cause a loss of several days in the midst of the treatment and thus lengthen the period of hospitalization. In case of doubt the patient may be tested out with a dose of two centigrams [1/3 gr.] The dose may then be raised quickly to three centigrams.

After the injection it is well to hasten the elimination of the mercury. To this end sulphur water is employed as it regularizes and intensifies the treatment, prevents stomatitis or hastens its cure. Each morning on arising (or at the time of injection if one wants to make absolutely sure of the execution of the treatment) each patient drinks a glass of the artificial codex sulphur water of the French Codex. He is cautioned to sip it slowly, by small mouthfuls. It is well to recall in this connection that sulphur waters increase the number of red cells and the percentage of hemoglobin and have an excellent effect on the general condition. Furthermore, in order to insure good renal and hepatic functioning, a liter [quart] of milk is distributed each day as a supplementary ration, one half to be drunk in the morning, the other in the afternoon, between meals.

Recent investigations have shown the unmistakable influence upon specific lesions of arsenic combined with mercurial treatment. Accordingly, our patients receive, during their noon and evening meals, a pill or granule of a milligram [1/60 gr.] of arsenous acid or of the arsenate of soda.

In order to overcome the fatigue occasionally caused by the treatment there is added to each pill a milligram [1/60 gr.] of sulphate of strychnine. However, it should not be forgotten that the patients are permitted to rest up during the day, despite the

fact that they make themselves generally useful about the hospital.

It goes without saying that during this intensive treatment the men should be examined every day as regards their general condition. The urine should be analyzed about every six days, and the gums and teeth should be watched in order to suspend treatment at once if this should be necessary. Finally, the digestive tract and the liver should not be lost sight of, although we have never had any accident on that score.

During all this time, the local lesions are treated intensively. The chancres are "warmed" with the flat of the thermocautery held some distance away, the duration varying according to the reaction, and are then dressed either with calomel powder, calomel ointment, or the neapolitan ointment [Unguentum Hydrargyri]. The mucous patches are treated every day or every other day with a solution of silver nitrate, 1 to 10 or 1 to 15, and are then touched with a 1 to 15 chromic acid solution (silver chromate), or with the zinc pencil. Gummata are treated with Vigo's [mercurial] plaster, the effect of which may be intensified by first spreading over the lesion a thin layer of the mercurial or of calomel ointment. The fall of hair is stopped and its growth activated by means of a stimulating lotion. For symptoms indicating mixed treatment (headaches, vascular lesions, gummata, etc.) the patients receive a daily potion containing four to six grams of potassium iodide. Finally, every two or three days the syphilitics take an alkaline bath, replaced whenever possible by one of sulphur, in order to supplement the absorption of the sulphur water.

Under the influence of the treatment carried out in this manner we have seen all symptoms disappear with astonishing rapidity. We have purposely disregarded the Wassermann reaction, the examination for spirochetae, etc., these being laboratory procedures which we were hardly equipped to carry out. Exception should be made of certain buccal and tonsillar plagues, which despite careful attention, seemed to persist indefinitely. These lesions were probably "nursed along" by the patient either by deliberate local irritation or by tobacco smoke,—for it is practically impossible to keep soldiers afflicted with throat trouble from smoking.

After a course of twenty injections (one a day) there was hardly a patient who arrived at the twenty-first day of his stay in the hospital who was not cured of the contagious lesions which

were responsible for his admission to treatment. The chancres cicatrized in from five to sixteen days, the most extensive mucous patches and papulosquamous syphilides, in fifteen days. The gummata take a little longer to cure, but they constituted the minority of cases we had to treat. We cannot say positively that the recurrence of symptoms was delayed in our patients but everything leads us to feel that such was the case, for many of them belong to the same garrison and would have been returned to us had further manifestations developed. Finally, on his discharge from the hospital each patient receives a copy of instructions. This is written in an entirely impersonal manner and is not meant to replace the services of the regimental surgeon but simply gives very general directions as to what the patient is to do in the future.

In conclusion, we believe that it is possible in any hospital organization, and simply with the drugs available at the front, to carry out a line of treatment sufficiently intensive to cause the disappearance of practically all the contagious lesions of syphilis during a hospitalization of twenty-one days, and to sterilize the disease to such an extent that the patient will be put into condition to resume service without being obliged, for some time to come, to undergo a new course of treatment. So far at least, we must be satisfied with a purely opportunist therapy.

A rigorous examination of the patient on his arrival, scrupulous surveillance during treatment, a good dentist, a tooth brush, the benzoate or the biniodide of mercury in daily doses of three centigrams, sulfur water by mouth and sulfur baths, milk, the arsenate of soda and the sulfate of strychnine,—such are the arms which we may combine in our effort to restore speedily to the army a sound and vigorous combatant.

[I am glad to publish the above paper which was read before the Société de Médécine de Paris. While the treatment is distinctly a military one, it could very well be adopted in civil hospitals and even in private practice. It is rather worthy of note that none of the cases was treated by either salvarsan or neo-salvarsan. This is probably due to the fact that Professor Gaucher, who is at the head of the service, is opposed to salvarsan. Whatever the cause, the fact remains that the results were very gratifying *without* salvarsan, and this confirms the judgment of the most careful venereologists that between salvarsan and mercury, mercury is the much mightier weapon in the fight against syphilis.—Editor]

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SYPHILITIC REINFECTION; A STUDY OF THIRTY-ONE CASES.

BY A. D. DE LAVIERGNE, M. D.

Ex-Extern of the Paris Hospitals.

MILIAN says (*Progrès Médical*, May 1910): "Besides those facts in which there is a distinct syphilitic reinfection at the point of inoculation, it seems to me that there exist cases of reinfection without any objective manifestation at the point of absorption of the virus, a true *supersyphilisation* to use a terminology applied by Carnot to tuberculosis under the name of supertuberculisation. I have seen, in fact, a physician, syphilitic for ten years, who presented, three weeks after coitus with a female whom he knew to be afflicted with secondary accidents but believing himself vaccinated took the risk, a dozen typical small squamous papules scattered over the back at the same time that he suffered from rather severe headache, which disappeared by mercurial treatment which was recommended."

Referring to the above remarks Marcel Pinard writing two years later says: "There is nothing astonishing that the introduction of a foreign treponema into a syphilitic subject should pass by unnoticed and be followed by secondary accidents, without having set up any appreciable reaction at the point of introduction of the virus." (Progrès Médical, March 1912).

Thus it is clear that such facts cannot be confounded with cases of true reinfection, since the primary sore has escaped notice. Prof. Fournier has maintained that he has never seen a single case of syphilitic reinfection. All accidents considered such are, according to him, all involved in two mistakes: (a.) an error in diagnosis or the lack of certainty as to the reality of the first syphilis; (b.) *a chancriform lesion and not a chancre* in the second.

Our present means of investigation, the search for the treponema and Wassermann's reaction being the principal ones, to-day give us an absolute certitude as to the first syphilitic infection. And accumulated experience permits with sureness the clinical characters of a new infection, so that for some years undoubted cases of syphilitic reinfection have been recorded.

Many writers have published cases both authentic and in accord with each other and after this considerable number of similar facts it might be assumed that an accord had been reached among syphilographers and that the question of reinfection was

for ever settled. Some writers, reverting to the argument of the chancriform lesion, still deny reinfection or seem to believe that all published cases are subject to this objection. They fortify the argument by saying that these *chancriform accidents can be followed by secondary lesions, which would render impossible, if this were exact, all distinction between the chancre and the chancriform lesion.*

The paper that served to satisfy the theory of secondary pseudo-chancre with secondary accidents is due to Friboës, but if writers had taken the trouble to read the original, and not journal abstracts, they would have become convinced that the four cases he records have no comparison to those of true reinfection.

Undoubtedly there exist *secondary and tertiary chancriform* accidents which, at first, seem to be a second syphilitic infection and for this reason mistakes have slipped into the older recorded cases. But to-day we know that these chancriform accidents are distinguished from chancres of reinfection by several characters, the two principal being: (a) *the absence of a corresponding lymphatic involvement*, and (b) the usual coexistence of other syphilitic accidents of the corresponding period, such as: headache, insomnia, buccal lesions, multiple lymphatic enlargements (generalized scleroadenitis of the Germans). I insist on the fact that the syphilides are very rarely isolated and it may be admitted that they usually accompany other syphilides or corresponding lesions. As Queyrat says, in speaking of his case; "If one is dealing with chancriform syphilides, we should be able to find the other syphilides on other parts of the body, but in reality they do not exist."

The lymphatic sclerosis is very characteristic. One finds lymphnodes almost everywhere, instead of the *satellite lymphnode* of the chancre. Add to these characters that in chancriform syphilide we do not get the history of a contagion followed by a period of normal incubation. And lastly, Wassermann's reaction acts differently in the case of secondary syphilides and the chancre. In the former it is positive from the beginning of the accident; in the latter, it only becomes positive some days after the appearance of the lesion.

Now, I reserve the name of syphilitic reinfection to cases where a second syphilis develops in the identical conditions of the first, that is to say:

(1). The knowledge of an exposure to contagion;

(2). A period of incubation of from fifteen to thirty days;

(3). The presence of a typical chancre with *a corresponding lymphatic sclerosis;*

(4). The development of secondary accidents at the usual time.

Since a few years, the cases of syphilitic reinfection have become more and more numerous and especially more and more precise. Observers have been careful to submit their patients to an energetic medication from the start which has allowed them, in some cases, to note the appearance of a second infection after a relatively short time. They have surrounded themselves with all the certitude that the laboratory could offer, namely, ultramicroscopy, Wassermann's test and animal inoculation.

The study of the writings of these last few years and facts which have been recorded would seem to have settled the question of syphilitic reinfection, so often the cause of controversy, and so important from the viewpoint of general pathology and therapeutics. I shall now review some of the thirty-one cases of reinfection I have studied, including one of my own.

The first to which I shall refer was reported by Bergsdorf of Kazan in 1907 and as at this date not much had been published on the subject, Bergsdorf hesitated as to the diagnosis of a syphilitic reinfection, all the more so, because the second infection occurred within hardly fourteen months after the first. In this case the existence of a first syphilis is undeniable; there was the history of a suspicious contagion, the clinical picture of the chancre was perfect and followed by *a roseola.* As to the second infection, there was a typical ulceration with corresponding lymphatic sclerosis.

In the same year, Pawlow reported another case. Here there was a distinct syphilis seriously treated for five years; then a period of absolute silence extending from Jan. 1903 to Oct. 1907, during which no syphilitic manifestation was observed which did not prevent the administration of some cures with bichloride given subcutaneously. Nine years after the first infection the patient developed chancres after a suspicious coitus. Microscopically *the treponema was found* and there was a *characteristic lymphatic involvement.* After a normal lapse of time a *roseola* appeared and more than a year afterwards one noted late secondary syphilides and small gummata.

Abeille, in speaking of his case, employs the term "rein-

oculation" which may evidently lead to some confusion. To-day we say "reinfection," in order to distinctly separate the cases which really belong here from those representing an auto-inoculation, a subject upon which much has been written. In the case here alluded to, a lapse of four years occurred between the two chancres, so that no doubt can subsist for we have *two chancres, two roseolas, two series of mucous patches undergoing their evolution several years apart.*

Milian's first case is clearly one of syphilitic reinfection in a male who had had syphilis for eighteen months. The chancre on the penis with enlarged inguinal glands represent the objective characters and evolution of a syphilitic sore. The incubation of some forty days, the appearance of inguinal lymphnodes some days after the chancre confirms this way of reasoning. The evolution, for that matter, justified the diagnosis because a roseola developed at the usual time. The former attack of syphilis can not be doubted because Milian himself saw the first chancre, the induration of which still remained and since then the patient developed mucous patches in the throat. This is not an instance of *chancre redux* because the second chancre was seated at a different part of the penis from the first chancre, it being on the foreskin, while the first sore was located in the balanopreputial sulcus.

Milian's second case the history is distinct; the patient stated that three weeks previously he had coitus with a woman whom he knew to be syphilitic. Enlargement of the lymphnodes was not marked but an extensive roseola over the entire body appeared forty-five days after the chancre. The first syphilis was authentic, confirmed by an ultramicroscopic examination and secondary accidents. Another instance reported by Milian was that of a patient who had *several syphilitic chancres* with treponema and *positive Wassermann on Sept.* 3. Then the chancres cicatrized and the Wassermann was negative on Dec. 6. On *Dec.* 12 the patient presented two ulcerations on the penis having *the type of an ecthymatous syphilitic chancre* with *inguinal glands on the left.* This was not a secondary syphilide because there was induration and a typical objective aspect of the chancre with inguinal glands and a history of exposure to infection. Neither was a case of *chancre redux* since the accidents were located at a different spot from those of the first infection. And lastly, the patient's wife had resumed sexual relations with him during the height of development of mucous patches on the vulva because she was ignorant of

the syphilis with which she contaminated her husband the first time and was not treated.

It might be supposed that the lesions in the husband were secondary chancriform accidents, but it would be remarkable that these lesions should be localized to the penis and in such small number, and all the syphilographers who examined the case, including Gaucher, Jeanselme, Herdelo and Queyrat coincided in the diagnosis of reinfection. This is also an example of fresh contagion from the same source. *The mucous patches were on the left labium minorum*, the chancres on the *right side of the glans penis*. The first infection was cured by a single injection of salvarsan and the reinfection occurred three months later.

In the patient under my care the first chancre was undoubted; it was not followed by roseola but it is to be noted that the treatment was commenced at once. I did not see the second chancre (which was on the lip) in activity but it had been diagnosed as syphilitic chancre in Dr. Darier's service, but there still existed a characteristic blackish scab with induration and enlarged submaxillary glands on the left. The roseola appeared at the customary time. Treponema were present in the serum taken from the ulceration on the penis in the first injection three years previously.

The roseola was composed of *small elements* which speaks in favor of a primary roseola following a chancre and not of a recurring roseola which usually assumes the form of large plaques, while the enlarged submaxillary glands on the left in relation to the sore on the lip is not an occurrence of chancriform syphilide.

Space forbids further discussion of other reported cases but among those published during the past three years a certain number are not, perhaps free from criticism, but other than this I am of the opinion that the majority leave no doubt as to the reality of a reinfection. Therefore, it is not an indifferent matter for a cured syphilitic, or one considered such, to again expose himself to contact with exogenous syphilitic lesions.

CONCLUSIONS.

I. Like other infectious diseases, syphilis may be contracted a second time.

II. The term of syphilitic reinfection should be reserved to those cases in which a second syphilis develops under conditions identical to the first, that is to say: The exposure to infection, a

period of incubation of from fifteen to thirty days, the presence of a typical chancre with a *corresponding adenopathy*, the development of secondary lesions about forty-five days after the beginning of the chancre.

III. Secondary and tertiary chancriform accidents exist which must not be mistaken for chancres of reinfection. They are differentiated particularly by the absence of a corresponding adenopathy and by the usual coexistence of other syphilitic accidents (headache, insomnia, multiple lymphatic involvement, buccal lesions) of the corresponding period.

IV. The greater frequency of reinfection during the last few years is due, on the one hand, to the fact that the manifestations of syphilis have been better studied than formerly; on the other hand, modern treatment is more powerful and more often realizes, if not a complete cure (which is possible), at least a condition of "morbid virginity" which was unknown until recently.

Translated for the American Journal of Urology and Sexology.

HOW TO PREVENT AN EXCESSIVE FALL IN THE BIRTH-RATE WITHOUT INTERFERING WITH THE USE OF CONTRACEPTIVES.

By Prof. A. Grotjahn, Berlin.

[Prof. A. Grotjahn has written a book on the limitation of offspring and the regulation of the birth-rate. He discusses the greatly diminished birth-rate in all civilized countries and shows that this diminution is due to the use of artificial means for the prevention of conception. He points out that the use of preventives can go too far, that it may even endanger the existence of a nation, especially when such a nation has a neighbor that is in a lower stage of culture and has therefore a high birth-rate. He points out, however, that to fight a diminished birth-rate by prohibiting the sale of contraceptives is neither wise nor feasible. First of all, because there are many methods for the prevention which are not amenable to any police regulations. Second, to prohibit the use of contraceptives would be a misfortune in many instances, because both the interests of eugenics and the individual health of the mother very often demand the

use of preventive measures. The interference with the recommendation or the sale of contraceptives being neither wise nor feasible and an excessively diminished birth-rate being a real evil, the author propounds the problem: How can we prevent an excessive fall in the birth-rate without interfering with the use of contraceptives. In other words, how in spite of the universal knowledge and use of preventives can we still encourage the people who are best fitted for it to bear a sufficiently large progeny? And he tries to solve this problem in Part 111 of his book. Parts 1 and 11 of the book deal with the arguments for the necessity of contraceptive measures. These we need not reproduce here, for we have presented them times without number long before the appearance of Grotjahn's book, and they appear also clearly and concisely in our book, "Fewer and Better Babies, or The Limitation of Offspring by the Prevention of Conception." Part 111, however, deals with a different aspect of the subject, and we thought it would be both of value and interest to give our readers a resumé of that part of Prof. Grotjahn's book. The resumé follows. We present it in three papers: 1. Readjustment, 2. Conscious Parenthood, 3. Economic and Social Means of Increasing the Birth-Rate.—W. J. R.]

THE READJUSTMENT.

WE must realize that there are dangers in the spread of information as to the methods of preventing conception. A universal diffusion of that knowledge can jeopardize the existence of whole nations; it can cause them to be overrun by neighboring nations in a lower stage of civilization.

Those, therefore, who have the weal of the race at heart have come to the conclusion that it were better if such knowledge had never been acquired or could be kept entirely from the people. The world, however, cannot retrace its steps; and besides, there are cases where medicine and eugenics may demand the prevention of an inopportune or defective fetus. The interests of the mates who refuse to give up their right to limit their offspring are in conflict with the interest of the nation which demand an increase of the birthrate at all costs. We must try to adjust this difference and to establish a modus vivendi safeguarding the rights of both parties.

We must begin by reviewing the various suggestions made

for penalizing the attempts to impart knowledge of anticonception methods.

It goes without saying that the methods of prevention which do not require any mechanical appliance, such as coitus interruptus, or the observance of the Capellmann law, foil all attempts at official regulation. Neither can the use of vaginal douches be prohibited. While these three methods are not infallible, experience has demonstrated that they were sufficient to bring about a strong decrease of the birth rate. The manufacture and sale of vaginal suppositories could be forbidden but those can be easily replaced by injections containing certain antiseptics. Pessaires are a part of the physician's instrumentarium and their use cannot be restricted.

Many efforts have been made to suppress the trade in condoms. Condoms, however, are the best means of preventing infection from venereal disease and the restrictions placed upon their sale have simply fostered the surreptitious manufacture and marketing of inferior articles at higher prices.

And then, as the secretary of the German Society for Combating Venereal Disease wrote in a report: "While we all agree that immoral relations are to be condemned and that those who violate the moral law have only themselves to blame when they become infected, at the same time those immoral persons, when infected, become a grave danger for the moral ones; whoever curtails the sale of preventives endangers the health of the nation. And as the means of preventing conception and the means of preventing infection are identical, any restriction placed upon the sale of the former defeats the efforts at suppressing venereal diseases. It is evident that but for the use of preventives the whole world or at least the whole civilized world would be entirely infected with syphilis."

"We call a man like Jenner one of the great benefactors of humanity because he discovered a means of checking the spread of a certain epidemic disease. And yet when we have at our disposal a means of preventing disease whose efficiency is only limited by the fact that knowledge of it is not spread widely enough among the people, we are trying not only to keep the people in ignorance of it but to prevent its use by statute. A statistician has computed that the annual loss to Germany due to sterile marriages is 220,000 children; but gonorrhea is responsible for an annual loss of some 200,000 children, not to mention the terrible physical and mental sufferings which this figure does not reveal. Will we then on

one hand try to curtail a falling off in the birthrate and on the other hand remove the most potent check to the spread of gonorrhea, a disease which will cut down the birthrate even more speedily?"

To forbid the sale of preventives except in pharmacies and to those presenting a prescription would not make it impossible for the public to secure them. In Norway and the United States the law against importing, advertising or selling preventives has proved a failure.

The fight waged against the condom is the more absurd as the authorities on the other hand protect by patents the manufacture of other appliances which are either impractical or dangerous; for instance, vaginal obdurators or injectors with long sharp endpieces of hard rubber; and the latter, which can only serve for preventing conception, are offered for sale in every drugstore window.

To refuse patents for such appliances would help very little to check the spread of anticonception practices or to increase the birthrate.

Our conclusion is then that the most effective means of preventing conception either escape all regulation by statute or as in the case of the condom, could not be suppressed without a blow being dealt to the campaign against venereal diseases. In no way will the intervention of the police, of the legislators, or the judiciary stop the decrease of the birthrate.

Since negative measures will not produce any results we must resort to a positive measure, regulation of the birthrate. An appeal must be made to the moral sense of the individual.

For centuries morality and religion were inseparable. In many races religious ideas whose origin was obscure but which were evidently bound up with economic necessities allowed or even made it compulsory to kill or expose or sell a number of children or to practice abortion in order to regulate the size of the community group. Certain religions on the other hand ordered the faithful to grow and multiply without restrictions. It was of vast importance for the history of civilization that among the latter was the Jewish religion which in this way not only was able to recover from the most terrible setbacks, but thru its offshoot, Christianity, transmitted to the European nations the doctrine of the blessing of parenthood and of the criminality of infanticide and abortion. This alone enabled those nations to offset the terri-

ble waste of human material consequent upon their cultural rise.

To this day the Catholic religion has forbidden the prevention of conception by any other means than abstinence. The Catholic church has proved the greatest bulwark against a falling off of the birthrate in the countries where it has held sway. The question is: how long will that bulwark hold out? The example of Catholic France does not speak well for its power of resistance.

The evangelical confessions have not taken such a definite stand against the prevention of conception. They cling to the judaic-biblical morality but they permit it to be modified according to the necessities of the times and they leave the final decision to the individual conscience. A glance even at the families of the younger generation of ministers shows that the proverbial fecundity of the pastor's wife is no longer what it used to be.

A church that would attempt to demand obedience to its rules in every detail of life would soon lose its authority.

The Jewish race is a most instructive illustration of that fact. The minutiae of its strict religion which interferes even with the minutest details of sexual life are absolutely irreconcilable with the life necessities of the present day and therefore are entirely ignored. In the absence of any leader formulating new precepts in the matter, the Jews have adopted anticonceptive practices which are fraught with danger for their survival as a racial group.

Even the Catholic church will have to recede from its stand against preventive measures; or else Catholics will on that particular point be less inclined to obey the dictates of their church. The size of the Catholic middle class families proves that the process has already begun. It is only in the country or within certain racial groups of particular fecundity that Catholics show any tendency to bring up very large families.

As far as our subject is concerned the increase or decrease of religious feeling seems to have very little importance, for people are less and less willing nowadays to let the church dictate to them in matters which are outside of the purely religious field.

The parents of to-day are seeking elsewhere advice as to their duties in regard to the limitation of offspring. We observe a keen sense of duty in these matters and precisely among parents who know and practice anticonception methods. The very realization that they can at will limit their offspring weighs upon their conscience. While those people can never be talked into

giving up such practices, they would not turn a deaf ear to those telling them that for healthy parents it is immoral, because it is unsocial, to withhold from society and from the nation the increase necessary to its survival.

It is the duty of science and medicine on one hand, of political economy and sociology on the other hand to establish definite rules regarding the regulation of births. Also it will be imperative to publish those rules broadcast. The majority of married people are very much in the dark about their duties in regard to the propagation of the species. They must be enlightened and the actual facts must become graven in their minds. Not that attempts have not been made previously to establish such rules but they were rather inefficient.

To avoid the misery coincident with an adjustment of the population to the food supply, Malthus preached moral restraint, celibacy, late marriages and continence during marriage. Malthus was inspired by Franklin's observations on the relation of the food supply to the numerical increase of individuals in the animal and plant world. Like all theories which try to apply to man observations made in the animal world, Malthus' theory presents a mixture of truth and error, of evident facts and questionable assertions which countless economists have tried very hard to unravel. Malthusianism is only interesting to us on account of its modern form: Neo-malthusianism which advocates the limitation of offspring and advocates the use of anticonceptives for economic rather than for medical and hygienic reasons or for reasons of individual convenience. Neo-malthusianism has little in common with Malthusianism except its name, for to Malthus the few preventive means known in his days were sinful and abhorrent. He himself expressed the fear that if parents were enabled to limit their offspring at will, man's natural laziness would increase considerably and the population of the earth would never reach its normal size.

But it is equally unjust to designate as Neo-malthusianism the use of preventive methods. For that doctrine considers the speedy growth of the population as the source of all social wrongs and consequently advocates a curtailment of the birthrate the world over. Neo-malthusianists are not interested in regulation but in limitation. Regulation of the birthrate, however, is not prejudicial to a growth of the population. On the contrary, regulation having for its corollary an increase of the population is

precisely what we should strive for, on eugenic, national and social grounds.

Neo-malthusianism is not necessary, for the downward tendency of the birthrate is general nowadays and will make itself felt within the next ten years in the remotest corner of the civilized world. The present day's duty is to select among the many means of preventing conception, some of which are dangerous, many of which are instruments of torture, the few which are reliable, effective and harmless and which are also of service in the fight against venereal disease, and then to acquaint the public with them. This is a task for the physician and the hygienist. If the Neo-malthusians are willing to help in that direction they must first of all discard their misleading name. Their movement may then have a great future.

It would be idle to attempt to stem the decreasing birth rate by proceeding against the Malthusians; that has been done on several occasions with only one result: giving their literature the widest publicity.

Economists of various nationalities have expressed themselves as favoring the limitation of offspring. Among the older men we notice a certain anxiety over the danger of overpopulation. The younger men seem free from that fear. Some of them on the contrary worry over the decrease in the birthrate. This very disagreement holds out a rich promise, for regulation will give us the means of combating both the danger of overpopulation and of a falling off in the birthrate.

The rapid growth of the population which took place in the middle of the last century and which was due to a falling off in the deathrate while the birthrate remained constant, was very apt to frighten the economists. But the tide has now turned and the ebb in the birthrate which has not as yet attained its lowest point finds a loud echo in modern writings.

As far as Germany is concerned there is no reason for worrying about overpopulation when we need one million foreigners to keep up the production of goods and when we find ourselves, in spite of the excess of births over deaths, unable to satisfy the demand for labor. If we undertake to regulate the birthrate, we must do so with an increase of the population in view.

What is most needed by married people who know and practice prevention of conception is advice on the subject; ministers of the cult are no longer listened to, the authorities are indifferent

and even the physicians have nothing definite to offer. From this lack of advice has sprung up the two-children system dear to bourgeois families, a system based upon the facile but erroneous conclusion that two children are sufficient to replace their father and mother and to keep up the level of the population.

Besides the two-children system there is another system even more generally accepted and much more dangerous from a social and national viewpoint. According to this theory parents should not bring up any more children than they can take care of. The term "take care of" is very elastic in its meaning. Parents with an income of 10,000 dollars may feel that they cannot take care of more than two children; and so does the workingman with an annual wage of 1,000 dollars. Such a system fails totally to insure the survival of the race or nation.

Even a three-children system would be inadequate; for with an average of one sterile couple out of ten the birthrate would only be 16 per thousand of the population. Under the most favorable circumstances a population could maintain itself with a birthrate of 17 per thousand but this of course would presuppose a wonderfully low deathrate among infants and children. Twenty per thousand must be considered as the lowest limit that would permit a nation to merely maintain its numbers. But with such a birthrate it could not grow. In order to make any headway a nation would require a birthrate of thirty per thousand even admitting that we can cut the deathrate further down.

We reach the same conclusion from a perusal of mortality tables; the average span of life for men of civilized European nations is 50 years; the deathrate among them is about 20 per thousand. In order to keep the population at its normal level a birthrate of 25 per thousand would be necessary, but 30 per thousand would be preferable.

Let us compute then the number of children every married woman must bear:

a. 1 child to replace the mother at her death.

b. 0.3 child to make up for possible stillbirths.

c. 0.25 to make up for the shortage due to celibacy among women.

d. 0.12 to make up for the shortage due to sickness of parents making marriage sterile.

Total 1.67 children. Multiplying this sum by two to include the births necessary to keep up the normal number of men we

reach the total of 3.34 per mother. Another 0.05 must be added to compensate the extra mortality noticeable among boys. And thus we reach the total of 3.39 per mother. But this only preserves the normal and does not provide for any increase. On the strength of these calculations I would propose the following rules:

1. Every married couple should have a minimum of three children attaining the age of five.

2. Even in case the parents' constitution does not lead one to expect very vigorous offspring that minimum should be attained, but not overstepped.

3. Parents who enjoy especially good health should bring up twice as many children and for every child after the third receive a compensation paid out of a tax on all bachelors and on all the parents who for some reason or other have less than three children.

Rule one is very important, for the minimum number of three children should not be interpreted as including the infants and young children who may die before they reach their fifth year.

Rule two is important also for too many parents remain childless on the plea of physical weakness. We know too little, however, about the laws of heredity to determine what parents should be relieved of the duty of procreating children.

The tax on those who have less than three children is not a penalty, but simply an equitable retribution for a service which some parents render in a greater, others in a smaller degree.

As soon as measures of this type will have assured the maintenance and bettered the quality of the population the rational use of preventives can be allowed without restrictions. A reasonable interval could then be allowed between pregnancies and too frequent motherhood could be avoided in classes of the population which are not able to stand the increase. The family doctor could for eugenic reasons forbid the bearing of any more children and a distinction could be sharply drawn, as Forel suggested it, between the sexual connections which are and those which are not intended to bring about procreation. This would place sexual life on a much healthier basis.

Above all, we must avoid the widely diffused error of regarding love as a simple and single feeling. The exact opposite is the truth—love consists of an entire group, and, indeed, of an extremely complex, incessantly varying, group of feelings.—H. T. Finch.

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VENEREAL DISEASE AS A RETRIBUTION FOR ILLICIT INTERCOURSE

By William J. Robinson, M.D.

"Nature has devised a retribution for illicit intercourse in the form of venereal disease."

I WISH I possessed a pen sufficiently sharp and vitriolic and a vocabulary sufficiently rich and varied, to characterize properly this sentence, to brand it as it deserves to be branded.

As I said many times before, I never quarrel with a man's religious opinions or moral conceptions. If a man says that such and such a thing must not be done because religion forbids it or because it is against his moral code, that settles the matter. I may despise the man for his savage ideas, but I do not argue with him. You cannot argue the right or wrong of religion or of morality unless you want to let yourself into a discussion of the essence of religion and the evolution of morality in general, and that would mean attempting to change a person's entire outlook on life, which is a proper task for a philosophic treatise but does not belong to the scope of a journal dealing with sexual questions only. And if this sentence came from the pen of an obscure clergyman, or a common pious humbug, or the sincere but ignorant "average man," it would not be worth while criticising at length. But this sentence is from the pen of one of our foremost educators and so-called leaders. It is from the pen of Winfield Scott Hall, who is both a Ph.D. and M.D., and is Professor of Physiology in one of the largest medical schools in Chicago. You will find it in his "Sexual Knowledge," published by the International Bible House, Philadelphia, on page 129; and coming from such a man it deserves the most unmeasured condemnation, even if in order to do so the language used must be acute to the point of being unparliamentary.

It isn't sufficient to characterize it merely as a stupid falsehood; the injury of such statements is much greater than one would casually conceive; they have a further reaching significance in the fact that they tend to loose, illogical thinking and lead to false ideas about Nature in general. Coming from a scientist such a statement is nothing less than a crime. Just think of what the sentence means: In order to discourage men from illicit sexual relations or to punish them for having indulged in ante-matrimonial or extra-matrimonial relations, Nature has designedly, purposely, created the gonococcus and the spirocheta pallida. So thoughtful, so solicitous is Nature about Man's moral-

ity, so deeply interested is she that men should live in strictly monogamic marriage only (which, by the way, everybody except a Professor of Physiology knows is an institution of only comparatively recent origin), that she has deliberately and purposely devised a retribution in the form of gonorrhea and syphilis for all those who dare to indulge in illicit, i. e., natural sex relations! Any union sanctioned by priest or magistrate is to be blessed, happy and free from any disease or disharmony, any union not so sanctioned is to be punished by venereal disease. And this is Nature's deliberate retribution, and so says a scientist, a Professor of Physiology, who is supposed to instruct and develop the thinking powers of the young!

Venereal disease is Nature's retribution for illicit intercourse. And what is measles, scarlet fever and diphtheria a retribution for? What is consumption, cancer, heart disease, Bright's disease, a retribution for?

You knew Baby A. Three years old and the joy and the delight of his parents. All of a sudden he was attacked with cerebrospinal meningitis, and after a week of extreme torture to himself and those around him, he was carried off. What was that a retribution for? And here is Mrs. B., a beautiful, healthy young woman, married but a year ago and giving birth to a big, healthy boy. All of a sudden a terrific hemorrhage, the efforts of the physician, nurse and consultant avail nothing and the woman is dead, leaving a desolate husband and a motherless child. What was that a retribution for? And here is Mr. C., a man of thirty-six, in the best of health, in the prime of his activity, the father of several children, living a "pure," normal life, free from any vice or excesses. He goes away perfectly well in the morning and returns in the evening with a chill, next day he has frankly developed pneumonia, and in less than a week he is dead, leaving a widow and several children in utmost distress. What was that a retribution for?

What is all the misery and wretchedness which the human race has to contend with practically from the cradle to the grave a retribution for?

No, it is truly sickening to hear a scientist in the twentieth century make such a statement. It is truly a prostitution of the sacred function of Science to be guilty of such statements and it is deeply saddening to see a Professor in a leading University still hold to the kindergarten idea that Nature spends her time doing nothing but thinking of the conduct, of the morality and

happiness of the human race. One would think that even a tyro in science would have acquired the conviction that Nature no more cares for a human being than she does for the lowliest bacillus. The world's greatest poet, the world's sweetest singer, may become and often does become infected with tuberculosis, and it is merely a fight between the man and the tubercle bacillus and only too often does the tubercle bacillus come out victorious.

Yes, I repeat it is a disgrace that a scientist of the twentieth century should still be permeated with the childish, medieval idea of anthropocentrism, with the idea that everything in this world is created with the sole object in view: the comfort and happiness of the human race.

I know that there are some so-called thinkers who would say that not only venereal disease but every disease is a retribution which Nature devised for the breaking of her "laws." They will tell you that every germ disease, dyspepsia, Bright's disease, heart disease, cancer, etc., etc., are punishments for our transgressions of "Nature's laws;" if we only obeyed Nature's laws there would be no such thing as disease. This is stupid nonsense, and the stupidity of this sort of reasoning can be quickly demonstrated. *First* of all, why, if Nature is so anxious about human happiness, did she not instinctively implant in a man a desire to live according to her laws? Why did she not create such laws that living according to them should be much more pleasant than living against them? Why should she create laws of which men are ignorant, and then punish them for being ignorant and living according to their irrepressible desires and not according to her laws? What would one think of a parent who would make a set of laws, not tell his child what those laws are, and then punish the child for not living according to these laws? And *second*, if disease in man is always a retribution for disobeying Nature's laws, how about disease in animals? The poor beasts have no souls, no reason, they don't know about any laws—why are they carried off by the thousands by foot and mouth disease, by rinderpest and so on? Why is there an infective vaginal catarrh in cows which causes epidemic abortions? And why are millions and millions of little fishes swallowed by the big ones? What is this the retribution for?

It is not only in the animal world, even in the vegetable world we have to deal with disease. Trees and other plants are not free from infectious disease which stunts and blights them and destroys them by the thousands. What is that a retribution for?

The fact of the matter is this: Nature does not care one par-

ticle more about the human species than she does about any other species of the animal or vegetable world.

Germs of all kinds are living things, the same as plants and animals are, and when the germs or parasites invade a plant or an animal, then it is a fight between them, and the strongest comes out victorious, and Nature is absolutely indifferent as to the outcome. It may be very disconcerting to hear this, it may be very humiliating to our conceit, but it is true, and we will never learn to think honestly and independently until we get the idea out of our minds that Nature, or whatever name you may want to call her, is constantly concerned with our affairs and our welfare. If Nature were really concerned with human welfare she would not have created the human race so stupid, so senseless, so cruel, as to make the present European butchery possible, which carries off the physically strongest specimens of the race, leaving the weaker ones to attend to the function of procreation.

No, venereal diesase is not a retribution. It is simply an accident, a very unfortunate and very deplorable accident, an accident that is responsible for more misery than any other disease which the human race is subject to, but an accident nevertheless. And to speak of it as a retribution is false, stupid and dishonest. The gonococcus and the spirocheta pallida were "created" for no greater and no lesser purpose and have no greater and no lesser reason for existence than have the streptococcus, the staphylococcus, the pneumococcus, the anthrax bacillus, the tetanus bacillus, the bacillus of typhoid fever, of diphtheria, of tuberculosis, the germs of measles, of chicken-pox, of small-pox, of scarlet fever and the thousand and one other varieties of microscopic life.

I believe in consistency. I believe in carrying every idea to its logical conclusion.

If Nature has devised venereal disease as a retribution for illicit intercourse, then it is unfair and unwise to interfere with Nature in any respect, and the advocacy of venereal prophylactics, teaching young men how they can protect themselves against venereal infection by the use of condoms or chemical prophylactics, should be prohibited, because it is an attempt to circumvent Nature's designs, and this we have been told, always results in disaster.

For there can be no question that fear of venereal disease does act as a deterrent in many cases and the possession of effective and convenient venereal prophylactics does tend to the increase of illicit sex relations.

So far so good; and many of our good and pure sanitary and moral prophylactors do not hesitate to go thus far with me. There are many people, our brilliant Secretary of the Navy among them, who consider the use of venereal prophylactics a reprehensible procedure and one to be discouraged by all means. And they are logical. But they are not logical enough. I believe in *logic to a finish*. If it be reprehensible to teach people the use of venereal prophylactics because such knowledge circumvents Nature and destroys the deterrent effect of venereal disease, then it is also reprehensible, nay even criminal, to *treat* venereal disease, and every venereal specialist is a criminal, because by his skill in curing venereal disease, which is the direct result of illicit intercourse, he circumvents Nature, minimizes the stings of the punishment and thus directly encourages immorality. I am not joking. I am simply logical. And if we believe that Nature has devised venereal disease as a *retribution* for illicit intercourse, then it stands to reason that any attempt to cure venereal disease, to free men from Nature's punishment, is a sin against Nature.

Here is the situation. A man knows that there is such a thing as venereal disease; still, prompted by the imperiousness of his instinct, he takes the risk with the conscious or unconscious thought that if he is unfortunate enough to contract the disease he will go to a specialist who will cure it. But suppose there were no such a thing as a venereal specialist? Suppose the treatment of venereal disease were made a criminal offence? Can't you see that the fear of venereal disease would exert its deterrent effect in a thousand times stronger measure than it does now? If a man were sure that if he contracted gonorrhea or syphilis or chancroids, that he would have to carry the disease for the rest of his life, that not only would there be no hope of any cure, but that he would get no relief, don't you agree with me that such a man would hesitate much more than he does now, before subjecting himself to the risk of venereal infection? Of course you do. Q. E. D.

We thus reach the logical, the unassailable conclusion that if Nature devised venereal disease as a retribution for illicit intercourse, then it is not only criminal to teach the use of venereal prophylactics, as is now done so commonly in the armies and navies of the world, including those of the United States, but it is just as criminal, in fact more so, to treat venereal disease in any form. If a man wants to be a criminal and wants to break Nature's laws against illicit intercourse, then let him bear the *full* consequences, and every man who wants to save him from Nature's punishment,

or wants to cure him after he has been punished, is accessory to the crime.

How does Professor Hall and those who believe with him like this logically unassailable conclusion?

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VENEREAL PROPHYLAXIS FOR THE FEMALE

By Ernest Schaeffle, San Francisco.

THE writer has a peculiar interest in venereal prophylaxis—has had it since the time, about nine years ago, when he contracted a fine case of gonorrhea that worried him almost frantic for three months, cost him a lot of money and otherwise made him wiser, etcetera. At the time, and up to very recently, he blamed himself for his lack of knowledge of efficient prophylactic measures; but he has come to believe that women, who after all are the foci of infection of greatest potential danger, are the ones who know too little—too little for the good of the male, too little for their own good, and certainly too little so far as racial wellbeing is concerned.

Every infected woman is capable of passing on a good many cases, many more than is possible in the case of any man that ever lived, no matter what his virility or desires. The writer was privileged once to examine the record book of a French prostitute, and to check the record from her bank book, which showed daily deposits. The woman was apparently about twenty-eight or thirty years of age, vigorous and free from disease of any sort. Her record book showed a daily patronage of from fifteen to sixty-five (65) patrons. Probably if she had been sick her activities would have been measurably lessened; but just consider the possibilities of damage presented by that one woman! No doubt she was not an unusual case; every big city probably contains dozens and even hundreds like her.

That this one prostitute should have escaped infection thruout her experience as she claimed—or even that she should be free at the time interviewed—is cause for wonder. She knew something of prophylaxis—very naturally; but so do most prostitutes after their first few days of experience, and apparently she knew no more than the average; so we may conclude that she owed her health to her general vigor and to some remarkable venereal immunity.

But the preventive measures taken by the prostitute are in large proportion inadequate, with the result that the woman becomes diseased and then passes her terrible maladies on to perhaps scores of men. These men, of course, become cured in time (or do not) and go back to other women for new infections—which are ever being prepared.

Now, if we could keep the women clean, and cure up the men, it would be possible to do away with the "venereal peril"—of course. But isn't the work of first importance to be done among the women? Instead of throwing our arms about and yowling to the men about the dangers of infection, with the gratuitous advice to "refrain from relations with prostitutes," etc., why not pay more attention, in our public propaganda and otherwise, to making the women clean? Of course it is not the women's fault alone that they suffer and menace the safety of the race—for *race menace* is what modern, civilized prostitution spells to the writer. The poor women—even the "morons" and other defectives and imbeciles—want to keep out of trouble; but they don't seem to know how. Their methods of preventing infection are on a par with the efforts of the inexperienced woman who wants to escape a pregnancy. Why this ignorance exists is not clear, as every prostitute has a fairly constant acquaintance with the medical profession. But the fact remains that the average prostitute is ignorant of the vital facts of structure and function—which ignorance results in her getting caught even when she thinks she is careful.

For example, few prostitutes (none within the writer's personal experience) take any precaution before intercourse except occasionally to take a partial douche of some antiseptic wash. There is never any insistence that the man use a condom. As a matter of fact most prostitutes object to the man's using a condom on the ground that it irritates the lining of the vagina. And again, they may be afraid of displeasing their partner; most men object to using condoms, believing that they lessen the pleasure of the act and in some mysterious way injure their sexual powers. The writer has questioned a number of his male friends in regard to these objections against the condom and cannot say that he is impressed with their validity. Usually the fault is not with the contrivance, but with the man's ignorance, carelessness or mental attitude. Quite naturally an unrolled condom will cause impatience when the time for its preparation is short, and a condom used dry or one drawn too tightly up to the end of the penis will

likely tear or burst. And further, a man who is satisfied that the condom is harmful—whether the harm can be proven or not—is irritated in the use of it, has unsatisfactory coitus and in time becomes really injured thru the force of his own suggestion. But the condom, when chosen for quality, rolled sufficiently in advance of use and well lubricated with vaseline or lubricating jelly (in the case of the rubber or "French" article) or when well soaked in water (in the case of the "fish-skin"—properly the lamb-cecum condom) provides a prophylactic medium effective alike for the woman and the man.

The writer is not sure that the contrivances are practicable or not when used by prostitutes whose sexual experiences are numerous; but if they are the several things used to block the vagina and close the cervix would do more to stamp out venereal infection than anything that has been tried. For while it is true that the usual act of coition on the part of the prostitute is incomplete, the woman having no orgasm, there are numerous occasions upon which the act is thoroughly consummated and a portion of the man's semen starts up or is even drawn up into the uterus. At a time like this all the douching the woman may do is useless if the man is diseased. Depending upon a douche after there has been a double orgasm is like locking the door after the horses are stolen. If the poor women only knew that prevention is the only safe thing for them—if they would only use safe and sane methods of prophylaxis like the Chinosol suppositories or the several other effective preventives of infection such as the cervical buttons or plugs, the pessaries, or even the vaginal sponges or cotton plugs properly medicated, how much human misery would be avoided!

Of course the use of antiseptic suppositories, capsules, salves or mechanical barriers to the entrance of semen into the uterus would not remove the necessity for prompt and exceedingly thoro douching with chinosol, peroxide, boric acid solution or some other strong but non-corrosive antiseptic. At this point a word of warning should be sounded against the use of corrosive drugs. A great many prostitutes believe that a "good burning" with mercuric chloride before they "begin work" followed by another "burning" at the end of the day—or night—is peculiarly effective in preventing infection! How many of these poor unfortunates destroy their tissues and remove what resistance they have by this drastic scouring! In the writer's opinion the mercuric chloride should be practically withdrawn from use so far as ordinary

venereal prophylaxis, practiced by the layman upon himself is concerned. Certainly there is little excuse for its use now that we have superior antiseptics.

So it would seem to the writer that the women should be helped—never neglecting the men, of course. And the time for education is before knowledge is needed. Many a woman becomes infected at the outset of her sexual career, before she has learned what sexual intercourse really is and before she realizes just where the vulnerable spot is. Most of them begin believing no doubt that a douche after the act will prevent any and all undesired effects, not even dreaming that the mischief is done in a few seconds and is beyond repair by the time she gets up, fixes her douche and washes.

Just how this information can be gotten to those who need it the writer does not know. Surely it is a strange and discouraging condition of sentiment and law that prevents the dissemination of information concerning venereal prophylaxis. Just how the law in regard to "indecent" literature bears upon the circulation of printed information relative to prophylaxis the writer does not know at this time; but it is indeed significant that no such literature is obtainable by the public. So bad is the condition that "Sanitubes" and similar contrivances for the use of venereal preventives by men are not only not obtainable but are not known about by the average pharmacist, at least here in California!

No wonder the scare-mongers have some excuse for suspecting the entire male population and no wonder that the voters of the state could be scared into voting for an impossible "abatement law" for the "eradication of prostitution." Incidentally the law is not being enforced and the average person knows that it never will be enforced fully, so long as the *need* for prostitution exists and grows. A queer sort of mind it is that tries to put out the blaze of "commercialized vice," while feeding the fire with low wages and other factors that defer marriage or prevent it altogether, and with the universal, damnable idea that extramarital sexual relations are "sinful" and degrading—particularly for women. The writer knows several "lost women" who are "lost" because of their self-condemnation, because their families, friends and society "found them out" and kicked them out, and because thru their youthful ignorance they became pregnant and had no chance to keep secret their "shame," having the "badge" of it with them or elsewhere, to be observed by the pure-minded and intolerant.

May the day come when boys and girls, yes, boys and girls, have the same knowledge of their sexual nature that they have of their digestive system and when sexual relations between the sexes will be governed and controlled by the individual and not left to the whim of fate. If man is anything he is an individual of intelligence and free will; how can he prove this if he allows himself to be the mere plaything of Nature, like a hog or a rabbit?

Translated for the American Journal of Urology and Sexology.

THE PROFESSIONAL SECRET IN SYPHILIS AND MARRIAGE.

By L. Stévenard, M.D.

Barrister at the Court of Appeals, Paris.

PROF. LANDOUZY is of the opinion that no marriage is possible in the case of a syphilitic, but this appears to me too severe, at least from the viewpoint of contamination. It can only be justified in considering the possibility for the syphilitic, in spite of the most careful treatment, to procreate a diseased family or to die himself from disease of the cord or brain. Undoubtedly tabes and general paralysis can develop in the most carefully treated case, and it must be admitted that a special idiosyncrasy exists in these patients for the nervous lesions to arise. But there is no reason to interdict marriage to those thus predisposed who, like their descendants, offer an easy prey to tabes and general paralysis.

It consequently appears more practical to consider, as does Fournier, that a syphilitic may be permitted to marry without danger to his wife and descendants, if he has fulfilled the following rules:

1.—To admit that a syphilitic is no longer contagious he must present no specific lesion:

2.—That the age of the disease shall be sufficiently advanced; *at the minimum* (Fournier insists on this word) the disease shall have been carefully treated for four years;

3.—That without any treatment, the patient shall not have presented any specific manifestation for at least two years;

4.—The preceding rules include an appropriate specific treatment and concern only cases of medium severity and do not include instances of malignant syphilis.

On the other hand, Prof. Pinard teaches that a syphilitic couple can procreate an intact family if, after having satisfied the conditions already enumerated, the father is treated for six months prior to the fecundation and the mother submits to a treatment during the entire duration of pregnancy.

However, Prof. Fournier, when once interrogated at a meeting of the *Societé de prophylaxie sanitaire et morale*, as to whether or not he would marry his daughter to a syphilitic who had conformed to the preceding rigid rules, admitted that personally he would refuse.

Thus, one may understand the mental uneasiness of the physician who learns that a contagious patient is on the eve of contracting marriage. May he warn the future bride of the threatening danger? Should he warn the family of the innocent victim? Supposing that the physician has vainly endeavored to convince his patient that his act is criminal; if he points out to his patient that later on, when the wife has acquired the proof that a disease which endangers her life is the result of a deplorable union, she will divorce him and that neither pity nor scandal will prevent the patient from carrying out his end, it is upheld that the physician must remain dumb because the exigencies of duty must not give way to the infamy of another. (Hémar. Secret médical, Annales d'hygiène, 1869.)

If the physician is consulted regarding a marriage involving a syphilitic or if he learns that his patient, during the contagious state, is to soon marry, the physician should remain an absolute stranger to what is to transpire, by abstaining from giving any information or indication. The law requires this and "nobody is sufficiently sure of himself to place his conscience above the law."

In 1863 several medical societies of Paris admitted that the physician should not give any data relative to the health of his client in the case of marriage, while some others considered that in certain cases concerning marriage he had a right to speak and this theory was upheld by Legrand du Saulle, Tardieu Latour and Brochin, all eminent in medical jurisprudence. It is to be pointed out that Fournier has remarked that it is only exceptionally that the physician is consulted in these cases.

Syphilis is not always contracted by coitus and many ways of infection could be cited. (1) *Kissing*. Musitanus records the affair of several nuns at a convent in Sorrento who contracted syphilis from kissing an infant who was nursed by a syphilitic. (2) From *touch*. Bayer has put on record the history of the

disease which spread in 1727 in the little village of St. Euphémie, resulting from a chancre on the index finger of a midwife. Numerous other similar instances could be mentioned. (3) *Vaccination;* at Berlin the courts sentenced to two months in prison and 50 marks fine, a veterinary who had by vaccination, transmitted syphilis to nineteen persons. (4) *Tattooing.* In the United States, a tattoer by name Kelly, caused by this means a veritable local epidemic of the disease. It is common knowledge that syphilis can be transmitted by surgical instruments, cloths or toilet articles, bed linen, etc., and in 1872 Profeta published a very authentic case of a young man in whom the only agent of infection that could be found was the *acarus.* The primary sore was located in one of the interdigital spaces of the right hand.

Consequently, the physician when dealing with a married syphilitic should observe the greatest reserve. A diagnosis brutally given might result in most serious trouble between a couple in which syphilis had developed by one of the indirect ways mentioned above. But even if the fidelity of one or the other may be suspected, the greatest circumspection is to be maintained.

But to the question: Are you married? Some persons living in a situation which might merit as much care as a legal union, have to reply naively: No! Now in respect to them, their duties must be fulfilled, although difficult to conciliate. 1) Endeavor to prevent contamination of the conjoint if there is yet time. 2) Do nothing or say nothing which might disturb a union, be it even an illegal one. In this case the obligation of the secret and professional duty are together in play.

A syphilitic of either sex having declared that he or she is married, it is frequently useful to examine the conjoint in order to ascertain his or her condition and here the tact of the physician is paramount in order to attain his end without setting up any suspicion in the mind of the other spouse, and at the same time this client, who has the right to exact the most absolute secrecy of his disease, can not remain in ignorance of its nature or gravity.

In the case of the husband the affair is quite simple, because it is usually he who introduces syphilis into the household. Questions carefully put will give data as to conjugal fidelity. If he admits that he performs sacrifices on altars other than that of marriage, the physician should not hesitate to reveal the nature of the disease to him and to warn him, if it is not too late, to take the necesary measure to prevent contamination of the wife.

The situation is more delicate if the husband affirms that he

has never indulged in extraconjugal coitus. Nevertheless, he reveals an indurated chancre on the penis and contamination by the genital tract can not be doubted. Then, having given his diagnosis to his client, the physician should attenuate the gravity as far as possible, not simply because he remembers that "altho he is often powerless to cure he can at least console," but also because, perhaps, the innocent spouse has contracted the disease by an extragenital injection, for example, by taking care of a young syphilitic infant.

On the other hand, if the wife is guilty the physician should adroitly permit the infected husband to remain unaware of the conduct of his wife. The following anecdote shows how the older members of the profession solved the difficulty under similar circumstances.

The illustrious Boyer was one day consulted by a client upon whom a year previously he had performed double orchidectomy. The patient, who was married, came with his wife who was six months pregnant to ask if he could consider himself the father of the child soon to be born. The supplicating attitude of the wife implored pity and Boyer, in this instance master of the happiness of the household, replied with as much wit as prudence: "Yes, sir, that can happen once;" then turning to the guilty wife he added: "But it can not happen a second time."

The reserve we advise is all the more legitimate since not as yet having seen the wife, the physician does not know how she contracted syphilis and if she confides her examination to him the secret becomes obligatory.

Now, let us take the case in which the wife comes to consult. There is no difficulty if she admits having had a gallant adventure because all that is necessary is to warn her of the danger to which she exposes others if she is still in the contagious stage. But on the one hand, if a pure wife presents a specific sore on the genitalia the physician can not allow his client to remain ignorant of the fact that she is afflicted with a disease demanding prompt and long treatment, while on the other, it is to be feared that she will separate from her husband as soon as she learns that he has given her syphilis.

In order to avoid this unfortunate outcome, it is well to recall to the wife that syphilis may be contracted in a most innocent way, or yet there may be a means to invite the husband to himself inform his wife of his condition. Only let us not forget that it is less important to remedy a compromised union than to treat a woman who requires medical care; it is urgent to

enlighten her without delay and if the help of the husband is impossible, hesitation is not to be permitted.

The physician should not wait to reveal to his client, with all necessary precaution, the dangerous situation in which she is placed. Under pretext of keeping peace in a household, to treat a married woman without informing her that she has syphilis would be a grave mistake. She for some reasons may, after a more or less prolonged treatment, be obliged to give up her physician and if ignorant of the nature of her disease she will do nothing to avoid tertiary accidents or parasyphilitic complications.

When a new physician has gone back to the source of the accidents for which the patient will come to consult him, it may be too late and an incompletely treated lues will count another victim on its already long list. Under all circumstances, it should be noted that a physician who considers useful the participation of his client's conjugal mate in the results of his examination, can not bring this about without the enlightened consent of the patient.

Now, things may turn badly. One of the couple considers that he or she had a right to divorce, basing the action on the syphilitic contamination from the conjoint. Under these circumstances, whether the husband or the wife is the patient, or even both, the physician should refuse to deliver any certificate setting forth the diagnosis in the case of either conjoint or both.

When physician to both husband and wife, and presuming that one has infected the other, he can not reveal the facts of the situation to one without betraying the secret of the other. When the husband alone has been the patient the physician should refuse to deliver a certificate on the ground that it is useless. To give one would not be an infraction of the law, but this kind of certificate might very well involve the dignity of the physician who gave it. The same rule applies in the case of the wife.

EXTRAGENITAL CHANCRES.

WHEN a man is unfortunate enough to contract a chancre on his genitals he at once consults a doctor. He knows that there is something wrong with him, and he generally suspects what the trouble is. But when a man gets a sore on some other part of the body, he is apt to neglect it, not suspecting its true nature.

And when he does consult a physician, the latter not infrequently fails to recognize the true nature of the disease, and treats the sore with mild applications of zinc ointment, carbolic ointment, peroxide of hydrogen etc. And the disease in the meantime progresses. This certainly should not be so, for extragenital chancres are not such a rarity. Every specialist sees plenty of such cases in his practice. Within a comparatively short time Dr. H. R. Gaskill of Philadelphia has observed eleven such cases which he reports in the N. Y. Med. Journal (Oct. 23, 1915). The cases are as follows:

Case I. Male, white, aged nineteen years, presented himself at the skin dispensary of the Jefferson Medical College Hospital, for falling of the hair. The hair had been falling out for several weeks in small areas and bore a close resemblance to fur which has been moth eaten. There were no large areas of alopecia, simply a thinning in spots. In spite of the patient's assertion that he had no eruption on the body, he was carefully examined and a very fine fading macular eruption was discovered on the trunk, anterior and posterior; also to a very slight degree on the forearms and legs. No sore throat or bone pains. Though there was no chancre discernible, yet, a very careful examination was made for scars, and while this is not unusual in the late secondary stage of the disease, our curiosity was aroused. The patient, after thorough questioning, finally confessed that about three months previously one of his companions had had connection in his rectum. That there were five or six young men who resorted to this practice at the same time, and one at least had had a chancre on the penis, as the practice was quite freely indulged in. He recalled that it had been extremely painful for him to have a bowel movement for a period of three or four weeks, but that there was no pain or tenderness at the present time. This lad was not an invert, as practices of this kind were with him the exception rather than the rule. His moral tone obviously was low, but he had sufficient sense of shame to deny for a long time that he had resorted to such a practice. Normal sexual intercourse was frequently indulged in. Wassermann was 4 plus and he was kept under observation for many months and finally discharged as cured.

Case II. Male, white, aged fifteen years, came to the dispensary with a generalized eruption, large, flat, papular in character, which was unquestionably syphilitic in nature. Careful questioning failed to bring forth any history of an initial lesion.

The boy denied sexual intercourse, but on careful examination by the use of the speculum, a sore was found well up in the rectum. Upon being confronted with this fact, he acknowledged that he and another boy had been in the habit of resorting to this means of intercourse for the last year and that recently he had practised sodomy with an older boy. The father was sent for and from him was obtained the history of the boy having been incorrigible and of having been committed to a reformatory where he had been confined for over a year and where he had undoubtedly acquired this habit. That same day the boy disappeared and while six months have elapsed, he has never been seen by any member of his family.

Case III. Male, white, aged twenty-three years, came to the hospital with a well marked macular syphilitic eruption. There was a general adenopathy, considerable sore throat, frontal headache, etc. There was no sign of chancre on the penis, but on account of the character of the man, a careful examination of the throat was made, but there were no suspicious lesions there. For fear that he might evade the question, he was asked directly *when* a man had had connection with his rectum. He seemed thoroughly surprised at the detective ability and confessed that the last time was within less than two weeks. With this patient, sodomy had been a regular practice for the last two years and always with the same man and for commercial reasons only. An elderly roué paid him a definite sum every two weeks. The man was so chagrined at his practices having been discovered, that he frankly said he did not have the courage to face us again and would not return, and in spite of the fact that the seriousness of the disease was fully explained to him, kept his word.

This patient was of an intelligent type, had lived a normal sexual life, and sodomy was to him disgusting, but the money appealed to him and he fell more for the need of it than from any other reason. He will not try to obtain relief, and in years to come may become a burden either to his family or some institution.

Case IV. Male, white, aged twenty-one years, came to the Jefferson Hospital for a sore about the size of a silver three cent piece on his thumb, which would not heal, and which had been present for three or four weeks. There was no pain other than the very slight one that came from bending his thumb. The lesion was on the first joint of the thumb of the right hand markedly

indurated; edges were undermined and surrounded by an inflammatory zone. There was considerable discharge and glazing. The epitrochlear and axillary glands on the same side were enlarged to a considerable degree. The mode of infection was not difficult to obtain in this case, as the history was clear and was as follows: The patient and another young man were in an open motor boat in one of the back bays along the New Jersey coast. They met two girls of loose moral character and took them into the boat. Both men were extremely free with the girls and made digital explorations. This was followed by a violent papulo-pustular eruption of such intensity that the tertiary stage followed swiftly on the second so that they were practically synchronous, requiring heroic treatment which was faithfully carried out for two years.

Case V. Male, white, clerk, aged twenty-two years; when this patient came to the dispensary he had on the upper lip to the left of the median line, a hard indurated lesion almost the size of a large pea, surrounded by a mildly inflammatory zone and partly covered with fine scaling and considerably elevated above the level of the skin. This lesion had been present about ten days and was thought to be a fever blister. In less than two weeks, there was considerable ulceration and a "board-like rigidity" at the angle of the jaw on the same side. The patient was carefully questioned regarding the history, but had no recollection of anything that occurred within a reasonable time, from which he could have contracted this chancre. Kissing in a promiscuous way was acknowledged, but no perverted habits. He was employed in a broker's office and he was not aware of any of the men, with whom he associated and with whom he used the same towels, or drinking cup, having any lesion in the mouth. The generalized eruption appeared four weeks after the chancre was first noticed.

Case VI. Male, white, aged forty-two years, laborer, about three weeks prior to the time he was first seen noticed a small spot on the lower lip and upon examination there was found a little to the right of the median line, a hard papule with irregular edges, slightly elevated, and with marked induration surrounding it and covered with a distinct glazing. The glands were involved on both sides, but those of the right submaxillary more than the left and later the typical boardlike rigidity at the angle of the jaw was very prominent. Antisyphilitic treatment was immediately employed, but was maintained only a short time as the patient did not return.

Case VII. White, female, aged eighteen years, worked in a mill and was referred from the gynecological department for a lesion on the inner side of the right leg, half way between the knee and the groin, and about the size of a twenty-five cent piece, markedly indurated, edges undermined, surrounded by a dusky areola. In spite of her protestations that no generalized eruption existed, a fine macular exanthem was discovered over the chest. The patient said that she had had this sore about five or six weeks. No attempt was made to go into the history, as the situation was the only unusual part of it and the diagnosis not open to question.

Case VIII. White, aged thirty-eight years, a so-called "practical nurse," came to Jefferson Hospital for a sore on the distal end of the index finger of the right hand, which she said she had noticed for the past four weeks. There was considerable induration, but no ulceration; the lesion was of a dusky blue red color, with the glands on that side of the body enlarged. Examination of the body was made, but at that time no eruption was discovered. She was kept under close observation, diagnosis being withheld. At the expiration of one week, the lesion showed considerable ulceration, the induration was more marked as was the adenopathy, and at the expiration of another week, a generalized papular eruption appeared. She gave the history of having attended a woman in confinement and having been instructed by the physician in charge of the case to push the afterbirth together to see if it was all there, and naturally used her index finger of her right hand. She was asked if she noticed anything unusual about this placenta. She said "Yes, it was filled with little gray islands." The physician in charge of this case evidently suspected syphilis because of these "islands," for if they were so evident that an untrained nurse would observe them, the physician must certainly have detected them. Not being willing to subject himself to the risk of contracting syphilis, he ordered this innocent woman to do what he would not do himself and without instructing her to take precautions. The patient was soon lost sight of.

Case IX. Female, white, aged eighteen years, came to the hospital for a small sore which was on the inner side of the lower lip fully half an inch below the vermilion border. She had noticed this for about two weeks, thinking it was a "canker sore." There was considerable induration and beginning ulceration. This sore was watched very carefully and, within a few weeks, there was a generalized eruption and a moderate degree of adenopathy. The usual boardlike rigidity found in the angle of the jaw in these

cases of chancre of the lip, was entirely absent, though the submaxillary glands were slightly enlarged. The patient was extremely reticent in replying to questions regarding herself or the mode of infection, but there is every reason to think that this was not a case of syphilis insontium, for after the appearance of the secondary rash, the nature of the disease was explained to her and she did not return.

Case X. White, female, aged forty years, at the inner canthus of the right eye had a hard papule, abut the size of a small pea, which the patient had noticed about two or three weeks. There was considerable induration, and at the central portion of the lesion was a very slight degree of ulceration. This lesion was kept under close observation and soon began to ulcerate. The induration was much more marked and the eye partly closed. The secondary rash was papulovesicular in character and the disease was typical in every way. She was a hard working woman and could give no information as to the source of infection. She had a large family and not only looked after the house, but took in washing. This is one of the cases in which there is no doubt of its being syphilis insontium, but like the majority of the dispensary patients as soon as the secondary rash disappeared, the patient discontinued treatment.

Case XI. Female, white, aged thirty-five years, had a lesion on the inner surface of the right wrist, which she said had been present for about five weeks and had started from a burn which occurred prior to that time. She was frying crullers and some of the fat flew out of the pan and burned her on the wrist. This was the only history that she gave and it was impossible to obtain information as to any mode of infection. This burn had partly healed and then had, as she suggested, "broken out again." At the time of examination, the lesion was about the size of a ten-cent piece, markedly indurated, with inverted undermined edges, and covered with a brownish yellow exudate. There was considerable adenopathy on that one side, but no generalized eruption. The patient was not seen after the first visit, but the eruption was sufficiently distinctive to make the diagnosis positive.

In the sensual life, imponderabilia play a leading part, and many an effort towards improvement, many a reform, has been shattered against them, simply because the would be reformer has overlooked the finer threads which connect the human soul with the institutions and customs of the material world.—Willy Hellpach.

A REMARKABLE LETTER BY BENJAMIN FRANKLIN ON ILLICIT SEX RELATIONS.

An authentic letter (by Benjamin Franklin, born Jan. 17, 1706; died Apr. 17, 1790), found in the Franklin Institute Collection of letters, purchased by the United States Government at a cost of $30,000, now in possession of the Department of State at Washington, D. C.

June 25, 1766.

My dear Friend:—

I know of no medicine fit to diminish the violent inclinations you mention, and if I did, I think I could not communicate it to you. Marriage is the proper remedy. It is the most natural state of man and therefore the state in which you are most likely to find real happiness. Your reasons against entering into it at present are not well founded. The circumstantial advantages you have in postponing it are not only uncertain but they are small in comparison with the thing itself, namely: The being married and settled. It is the man and the woman united that make the complete human being. Separate she wants his force of body and strength of reason; he, her softness, sensibility and acute discernment. Together they are more likely to succeed in the world. A single man has not nearly the value he would have in that state of union. He is an incomplete animal; he resembles the odd half of a pair of scissors. If you get a prudent healthy wife, your industry in your profession with her good economy will be fortune sufficient.

But if you will not take this counsel and persist in thinking a commerce with the fair sex inevitable, then I repeat my former advice,—in all your amours you should prefer old women to young ones. You call this a paradox and demand my reasons. They are these:—

Because they have more knowledge of the world, their minds are better stored with conversation, their conversation is more improved and more lastingly agreeable.

Because when women cease to be handsome they study to be good. To maintain their influence over man they supply the diminution of beauty by an augmentation of utility. They learn to do a thousand services, small and great and are the most tender and careful of all friends when one is sick. Thus they continue amiable and hence there is hardly such a thing to be found as an old woman who is not a good woman.

Because there is no hazard of children, which irregularly produced may be attended with much inconvenience.

Because thru' more experience they are more prudent and discreet in conducting an intrigue to prevent suspicion. The commerce with them is therefore safe with regard to your reputation and with regard to this, that if the affair should happen to be known considerate people might be inclined to excuse an old woman who would kindly take care of a young man, from his manners, by her good counsels and prevent his ruining his health and fortune among mercenary prostitutes.

Because in every animal that walks upright the deficiency of the fluid that fills the muscles appears but in the highest part. The face first grows lank and wrinkled, then the neck, then the breast and arms, the lower parts continuing to the last as plump as ever, so that, covering all above with a basket, and regarding that only which is below the girdle, it is impossible to know of two women an old from a younger. And as in the dark all cats are gray, the pleasure of corporeal enjoyment with an old woman is at least equal and frequently superior, every knack being by practice capable of improvement.

Because the sin is less. The debauching of a virgin may be her ruin and make her life unhappy.

Because the compunction is less. The having made a young girl miserable may give you frequent bitter reflections, none of which can attend the making of an old woman happy. And lastly, they are so happy and grateful. This much for my paradox.

But still I advise you to marry directly.

Your affectionate friend,

BENJ. FRANKLIN.

THE EFFECTS OF MASTURBATION—A GENUINE HUMAN DOCUMENT.

Dr. William J. Robinson, New York City.

Dear Doctor:—I have just had the great pleasure of reading your article "Masturbation in Children" and the sane, well balanced view of the matter which you take and advocate prompts this letter.

I am thirty-four years of age, married, holding a responsible position in the service of a large and discriminating corporation, at a salary of $5,000 per annum. I was accepted by the Equitable Life Assurance Society for insurance two years ago, four years ago by the Meridian Life of Indianapolis. Prior to acceptance in both instances rigid examinations were made. I am in perfect

health save as to some slight trouble with piles, mingle in good society and have the respect and confidence of my fellows. Am an Elk and a member of various clubs. I recite these facts that you may conclude as to whether idiocy, partial or complete has been my portion.

At about thirteen years of age, as nearly as I can remember, I first masturbated, being taught the practice by a boyhood friend. In fact, all of us kids in the neighborhood, or nearly all, indulged in this practice, and we thought nothing of it. In swimming in the river we used frequently to handle each other under the water where bystanders could not see, and I have been myself masturbated and performed it on other boys in this manner a great deal in those days. Later, as a boy will, I heard dreadful stories of the results that would come. As they did not come I kept it up. It is my recollection that during those days I masturbated sometime during the day every day. As the years rolled on, and I reached something like sixteen, a school teacher taught me or rather gave me, my first experience in actual intercourse. She was my sole associate in intercourse for a year or two, and then came others. She warned me of disease and the others, and though she never knew I masturbated, and I did not during the time we were together daily after school, when she left the city I continued the practice, fear of disease inspiring it as much perhaps as anything else. Then, of course, I grew bold, and had the usual experiences of a young man—promiscuous intercourse. Contracted gonorrhea, was cured after a painful and embarrassing treatment—and returned to the old and safe practice of masturbation. I then went to South America for a few years, and the brown women of that country not appealing to me, I masturbated during that period, probably not less than six or seven times a week. A sweetheart, upon my return to the U. S., of whom I was too fond to take advantage as to intercourse, and who was herself in deadly fear of the pain of it, grew into the habit of masturbating me, and I her—and for some years this went on. We never had sexual relations with each other.

I had gone to school and graduated; upon my return I entered college, and graduated there with high honors. All the time I had been a more or less constant masturbator, and during college years used to put myself to sleep this way, finding that when due to excitement or other cause I was sleepless, masturbation would induce sleep and rest. I again became promiscuous in intercourse,

and again contracted gonorrhea. Cured, I resolved "Safety First" —and until my marriage, mechanical massage was my intercourse. Unfortunately I married a girl who was not, if the expression is a proper one, strongly sexed—she was, in other words, indifferent to the sexual relation, except at long intervals. I therefore continued, when the instinct prompted, after marriage, masturbation. I have, in fact, continued it until the present, though at longer and longer intervals—now rarely more often than twice or thrice a week—depending upon responses of my wife to the sexual instinct.

I am splendidly muscled, an athlete as to tennis, golf and hunting; perfectly normal in health—have always been a man's man—not a "Sissie" or an effeminate boy. It seems, in my case, that masturbation, and I don't believe anyone ever indulged in it more consistently, has not been injurious. Of course it is true that in later years I may pay a price—probably will, but at 34 I feel like a million dollars!

The foregoing for your information, Doctor—the statement is an absolutely truthful one. My boyhood chum, in company with whom I have masturbated hundreds and hundreds of times during our boyhood days, is now the Vice-President and Cashier of one of the largest banks in the Southwest, a magnificent man, mentally and physically. Others of those days, who then had the habit but of whose lives I know no intimate details in recent years, have made successes in various lines of endeavor.

Your idea that the inherent defective would fall from this habit is the correct one—the naturally strong and able body will not—this I believe. I also believe that it would be much better if boys could be taught to look out for disease and get their sexual satisfaction in a natural way—but with disease as rampant as it is, I believe that it is a safer proposition for a lad to masturbate than to indulge in promiscuous intercourse. Of the two dangers —disease versus mental decay—I think the former is the most to be feared, and the latter not at all a certain result of masturbation.

I salute you, Sir—and remain,

M. C. E.

[We ask our readers to send us similar personal letters, describing their vita sexualis, and the results if any of various habits and perversions. It is time that hearsay, rumors and groundless fears give place to personal experiences.—Editor.]

MORALS BY POISON

Is there no limit to the stupidity and audacity of the virtuous? It is almost universally the custom that wherever our boys are herded together, as at encampments and especially in preparatory schools, to drug the food with potash salts or other libido depressing drugs in order to keep them quiet. Whether this is partly to blame for the notable inferiority of prep school boys at college one cannot say. But at a time when the secretion of the testicular hormones is most important it seems odd to dope these youths over a period of years with these depressing drugs. Especially is this true when we couple with it the further drain of long hours of enforced study. No distinctions are made, all receive the same dose regardless of their development. The fact that some teachers share the dope proves nothing as to its harmlessness to the adolescent. But even were there no injury to health, if our morality can be sustained only by poisoning our young men, for God's sake, let's go back to barbarism!

PERSONAL LIBERTY AND INFECTIOUS DISEASES.

The right to restrict the social activities of persons suffering from, or exposed to, certain infectious diseases is today everywhere admitted. Possibly in future additional restraints will be imposed by the community on its infected members—though not necessarily without recompense to individuals—as the importance of checking certain infections becomes more widely recognized. The havoc wrought by Typhoid Mary is not unlike the damage done by a mad dervish running amuck with a naked knife in his hand. Why should the community expose itself to such exploits on the plea of maintaining personal liberty? There is no principle of personal right in such cases that must be maintained at all hazards. The question of expediency in each case must be the deciding factor. It is the right of the community to determine how far, at the moment, it is desirable to protect itself from hygienic evils. Restrictions on the carriers of disease germs, [which of course include the gonococcus and spirocheta. Ed.] on the employers of labor, and on the drinkers of alcohol, are in themselves perfectly proper and to be judged on the basis of community welfare, not merely on the basis of individual pleasure, profit or convenience.—E. O. Jordan, Commemoration Volume, 1915.

BOOK NOTICES.

Cerebro-Spinal Fever—Thomas J. Horder, M. D., Asst. Physician St. Bartholomew's Hospital, London—Oxford University Press, 35 West 32nd Street, New York.

The concentration of troops at the various centers was accompanied in England by a widespread epidemic of cerebro-spinal fever and the average practitioner who hardly ever saw a case of the disease was ill prepared to meet the emergency.

This monograph gives in condensed but clear form all that is at present definitely known on the subject of this disease.

Practical Prescribing & Treatment in the Diseases of Infants & Children—D. M. MacDonald, M. D.—Oxford University Press, 35 West 32nd Street, New York.

A very useful booklet containing numerous valuable hints and formulas.

Only some eighteen months ago millions of people, the reviewer among them, lived in a Fool's Paradise, thought that a real great war was an impossibility and an absurdity and that war surgery was therefore an unnecessary art. The events of the past year and a half have proved the contrary and books on gunshot injuries and wounds, on tetanus, gangrene, etc., are more in demand than ever before in the world's history.

The Oxford University Press, American office, 35 W. 32nd Street, New York, have gotten out a number of useful and valuable booklets under the name of "Oxford War Primers." Their titles are as follows:

Wounds in War, Their Treatment and Results. By D'Arcy Power, M. B., Oxon., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital 1.00

Nerve Injuries and Shock. By Wilfred Harris, M. D., Physician to St. Mary's Hospital, London 1.25

Abdominal Injuries. By Rutherford Morison, Professor of Surgery, Durham University and W. G. Richardson, M. B., Surgeon Royal Victoria Infirmary, Newcastle-upon-Tyne 1.00

Surgery of the Head. By L. Bathe Rawling, M. B., Surgeon St. Bartholomew's Hospital 1.25

Gunshot Injuries of Bones. By Ernest W. Hey Groves, M. D., Surgeon to the Bristol General Hospital 1.25

Injuries of Joints. By Robert Jones, Ch. M., Director of Military Orthopaedic Hospital, Liverpool 1.25

Medical Hints for the Use of Medical Officers Temporarily Employed with Troops. By J. Edward Squire, M. D., Consulting Surgeon Mt. Vernon Hospital for Diseases of the Chest 1.00

The Stretcher Bearer. By Georges M. Dupuy, M. D., Stretcher Bearer Ambulance Section of C (Norwood) Co. Lambeth Battalion, V. T. C. 1.00

Wounds of the Thorax in War. By J. Keogh Murphy, M. D., Surgeon to the Miller General Hospital for S. E. London 1.00

We have no doubt that these primers will prove of great value to those who are, or intend to be, on the battlefield.

The Practitioner's Encyclopaedia of Medical Treatment, Part I: Methods of Treatment. Part II: Agents in Treatment. Edited by W. Langdon Brown, M. D., F. R. C. P., Assistant Physician to St. Bartholomew's Hospital and Physician to the Metropolitan Hospital and J. Keogh Murphy, M. C., F. R. C. S. Surgeon to the Miller General Hospital for South-East London and to Paddington Green Children's Hospital With an Introduction by Sir Thomas Clifford Allbutt K. C. B., F. R. S Oxford University Press, 35 W. 32nd Street, New York, 1915. $8.00.

This splendid volume of nearly nine hundred pages can be cheerfully recommended to every practitioner. The treatment, while concise, is thoro and up to date. For purposes of reference it will be found invaluable.